

Course applying for	Code	Title
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Contact Details

Please use name as you wish it to appear on your certificate

Title <i>Please circle</i>	Mr / Mrs / Ms / Miss	First / Christian Name	
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Family Name / Surname	
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Date of Birth		Gender	Male / Female
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Residential Address	Home Phone	
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	Mobile	
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	Email	
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Emergency Contact Name and Relationship <i>It is essential to choose someone available during the day</i>	Home Phone	
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	Mobile	
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Are you of Aboriginal Origin? Yes / No	Are you of Torres Strait Islander Origin? Yes / No
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Country of Birth <i>If not Australia</i>		Language/s spoken at home	
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Eligibility Criteria for Government Funded Places

To be eligible for a government funded place you must be able to provide proof of your Australian citizenship /residential status.

Applications will not be processed unless documents providing proof is attached.

Are you an Australian citizen? <i>Australian Birth Certificate, Australian Passport, Naturalisation Certificate, Medicare / Health Care Card</i>	Yes	No
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Are you an Australian Permanent Resident (holder of permanent visa)?	Yes	No
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Do you hold a Special Category Visa (sub-class 444, New Zealand citizen)?	Yes	No
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Do you hold a Temporary Protection Visa?	Yes	No
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Are you an East Timorese asylum seeker?	Yes	No
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Where did you find out about his course?

Friend	Employment Service Provider	Employer	Newspaper	bestchance Program	bestchance Program	Other website	Other
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Reasons for choosing this course

Please circle ONE only

To get a job	To start my own business	To get a better job or promotion
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I wanted extra skills for my job	For personal interest or self development	To develop my existing business
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To try for a different career	It was a requirement for my job	To get into another course or study
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National Police Certificate and Working With Children Check

Do you have the following checks? If yes, please attach a copy.

National Police Certificate	Yes	No	Working With Children Check	Yes	No
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School / Training details

Please only indicate schooling and qualifications completed in Australia

Highest school level completed <i>Please circle</i>	Year 12	Year 11	Year 10	Year 9 (or lower)
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Please indicate the year you left high school

Have you successfully completed any of the following qualifications? <i>If yes please tick all qualifications that apply</i>	Yes	No
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Advanced Diploma or Associate Degree		Bachelor or Higher Degree
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Certificate I		Certificate II
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Certificate III		Certificate IV
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Diploma		Miscellaneous Education
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Do you wish to apply for Recognition of Prior Learning (RPL) or Credit Transfer? <i>Please bring documentation to your interview.</i>				Yes	No
Do you have basic computer skills in Word Processing, Internet & Email?				Yes	No
Do you have any difficulty with the English language? <i>(Reading, Writing, or Speech)</i>				Yes	No
How well do you speak English?	Very well	Well	Not well	Not at all	
Employment Status <i>Please circle one response only</i>					
Full Time Employee	Part Time Employee	Self Employed Not employing others	Employed Unpaid family worker		
Unemployed Seeking part time work	Unemployed Seeking full time work	Employer Employing others	Not Employed Not seeking employment		
What are your expectations of the course?					
If you were to gain employment in this area, what tasks do you think it would involve?					
What are three personal qualities that are important for someone working in this industry? e.g. consideration					
Why do you feel you are suitable to work in this industry?					
Have you been involved in any kind of work experience or work within this industry?					
What made you interested in this type of work / study?					
Numeracy Question: How many hours did Jill work?					
<p>On Monday Jill started work at 0700 am. At 1300 hrs she had 30 minutes for lunch and finished work at 1500 hrs. On Tuesday Jill started at 0730 am, had 30 minutes for lunch and finished work at 1700 hrs. On Wednesday Jill started at 0700, had 60 minutes for lunch and finished work at 1600 hrs.</p> <p>Jill worked.....Hours</p>					
Medical Conditions <i>We endeavour to provide support for students with additional needs. Failure to indicate a disability may hinder our ability to assist you, and may incur additional costs.</i>					
Do you have any of the following medical conditions? Please indicate				Yes	No
Acquired Brain Injury	Hearing	Intellectual	Learning		
Mental Illness	Physical	Vision	Other, please specify		

Signature and declaration

I DO / DO NOT give consent for photographs/recordings to be taken as part of my involvement with programs of **bestchance**. Types of publicity may include display boards, PowerPoint presentations, web pages or CD Rom, informational brochures/posters, video/audio, newsletters, newspaper articles or Annual Reports.

In case of emergency I authorise those in charge to take any steps they may consider necessary for my safety or well-being, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for all medical bills and expenses. I understand that I will be notified in advance with details of any proposed excursions.

I have read all the details of the student handbook, and understand my obligations during my time at **bestchance** Training.

In accordance with The Privacy Act, (2001) **bestchance** Training will not release any personal information about you to any third party without your expressed written permission.

bestchance Training is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, communication, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.

For more information in relation to how student information may be used or disclosed please contact **bestchance** Training's Manager on 8562 5100 or training@bestchance.org.au

I acknowledge and agree to the terms described in this privacy statement

I hereby declare that the information provided in this application for enrolment form is complete and accurate.

Signature		Date	
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Applicant Under 18 years

Parent / Guardian Name		Parent / Guardian Signature	
Residential Address		Home Phone	
		Mobile	
		Date	

Courses fill quickly; please return this application form as soon as possible to avoid disappointment:
bestchance Training 583 Ferntree Gully Road, Glen Waverley, 3150 Fax: 8562 5111 Email: trainingadmin@bestchance.org.au

Please ensure you have attached proof of your Australian citizenship or Residential Status

Office Use Only (Vettrak entries)			
Details Recorded	RPL and CT Recorded	Student ID	Occurrence Code
Entered by Kerry Poyser	Signature		